

Calender Year 2014 NH Marketplace (Exchange) Individual Dental Plans Revised November 7 , 2013

Plan ID/ Form Schedue #	57601NH0400001	57601NH0400052	57601NH0420001	57601NH0420052	87701NH0100001	87701NH0090001	87701NH0080001	87701NH0070001
Company Name	Anthem	Anthem	Anthem	Anthem	Delta Dental	Delta Dental	Delta Dental	Delta Dental
Plan Name	Pediatric Dental	Pediatric Dental Enhanced	Dental Family	Dental Family Enhanced	Pediatric Low Plan	Pediatric High Plan	Family Low Plan	Family High Plan
Form Schedule Item #	4 & 10	5 & 11	8 & 14	9 & 15	1	1	1	1
Plan Variation Name	Low	High	High	High	Low	High	Low	High
Deductible-Individual (age 19 & over)	none	none	\$50	\$50	\$150	\$50	\$150	\$50
SERFF Tracking Number	ANTV-129035381	ANTV-129035381	ANTV-129035381	ANTV-129035381	NEDD-129100519	NEDD-129100498	NEDD-129100395	NEDD-129100525
Issuer Actuarial Value	70.00%	85.00%	85.00%	85.00%	71.50%	86.30%	71.50%	86.30%
Pediatric Preventive Services	90%	100%	90%	100%	100%	100%	100%	100%
Pediatric Basic Services	60%	80%	60%	80%	60%	80%	60%	80%
Pediatric Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Pediatric Necessary Ortho Care	50%	50%	50%	50%	50%	50%	50%	50%
Waiting Period for Necessary Child Ortho Care	12 months	12 months	12 months	12 month	24 months*	24 months*	24 months*	24 months*
Pediatric Cosmetic Ortho Care Lifetime Max	n/a	n/a	\$1,000	\$1,000	n/a	n/a	n/a	n/a
Max Pediatric Out of Pocket (1 child/2 or more)	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400	\$700/\$1,400
Office Visit Copay	n/a	n/a	n/a	n/a	\$30	\$15	\$30	\$15
Age 19 & over Preventive Services	n/a	n/a	100%	100%	n/a	n/a	100%	100%
Age 19 & over Basic Services	n/a	n/a	50%	80%	n/a	n/a	60%	80%
Age 19 & over Major Services	n/a	n/a	30%	50%	n/a	n/a	50%	50%
Age 19 & over Ortho Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Benefit Maximum - age 19 and over	n/a	n/a	\$750 per covered adult	\$1,000 per covered adult	n/a	n/a	\$1,000 per covered adult	\$1,000 per covered adult
Waiting Period for age 19 & over Basic Restorative	n/a	n/a	6 months	6 months	n/a	n/a	3 months	3 months
Waiting Period for age 19 & over Major Services	n/a	n/a	12 months	12 months	n/a	n/a	6 months	6 months

* If plan is replacing an existing dental plan that covers the services to which the waiting period applies, the waiting period will be waived, where applicable, for enrollees whose effective date of coverage coincides with the original effective date of this plan

Service percentages are based on Participating Dentists

Percentages for non-Participating Dentists will be different, if coverage is provided (Anthem provided out of network benefits/Delta Dental does not offer out of network benefits including Deltas's Premier Network)

Read certificate, outline of coverage and policy very carefully before receiving services

Delta Dental's network is their "Preferred" network only and does not include their "Premier" Dentists.

Medical plans embedded with Dental carry a Medical & Dental combined Out of Pocket Max. Stand alone Dental plans carry the "Essential Health Benefit" Pediatric Out of Pocket Max of \$700/\$1,400